



Instructions: Fill out and return this form to Covenant Benefits.

I am currently enrolled in life/accidental death insurance through Covenant Benefits. Please assign my life/accidental death benefit to the following beneficiary(ies). This change will become effective when this form is received by Covenant Benefits.

1. YOUR INFORMATION

Name: _____ SSN: _____

2. LIFE INSURANCE PRIMARY BENEFICIARY(IES)

Full Name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

3. LIFE INSURANCE CONTINGENT BENEFICIARY(IES)

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

Full name: _____ SSN: _____ Percentage received _____ %

Mailing Address: _____ Relationship _____

4. AUTHORIZED SIGNATURE

Signature: _____ Date: _____